

EXHIBIT 7



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

December 7, 1995

COPY

Mr. Kenneth Cotton
USMLE Secretariat
3750 Market Street
Philadelphia, PA 19104-3190

Re: Dr. Igberase Oluwafemi Charles
USMLE/ECFMG Identification No.
0-482-700-2

Dear Mr. Cotton:

On November 27, 1995, the ECFMG Committee on Medical Education Credentials reviewed the matter with respect to Dr. Charles's admission that he falsified an application form submitted to ECFMG in order to retake an examination he had already taken and passed.

Dr. Charles initially submitted an application form to ECFMG in April 1992 in order to take the July 1992 FMGEMS and the ECFMG English test. At that time, he used the name "Oluwafemi Charles Igberase" and certified that his date of birth was April 17, 1962. He was assigned identification number 0-482-700-2.

In addition to FMGEMS, and also using identification number 0-482-700-2, Dr. Charles applied for and took the September 1992 and September 1993 administrations of Step 1, failing the September 1992 examination, but passing the examination held in September 1993.

The applicant met the medical science, English test and medical education credential requirements for ECFMG Certification and was issued Standard ECFMG Certificate No. 0-482-700-2 in October 1993.

In March 1994, Dr. Charles again submitted an application form to ECFMG, applying for admission to ECFMG's administrations of the September 1994 Step 1, August/September 1994 Step 2 and September 1994 ECFMG English test. However, on the application, he responded "No" to the question "Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG." He also stated his name as "Igberase Oluwafemi Charles" and date of birth as April 17, 1961.

Since the name on the application was altered and the year of birth changed, ECFMG's search of its database at that time did not show that he had previously applied and been assigned an ECFMG Identification number. He was then assigned number 0-

ECFMG-000074

ECFMG_RUSS_0000074

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519-573-0. He took and passed the August 1994 Step 2 and the September 1994 ECFMG English test and September 1994 Step 1. His medical education credentials were again verified with his medical school and he was issued Standard ECFMG Certificate 0-519-573-0.

When he applied to ECFMG, Dr. Charles certified on his application form that, among other items, "falsification of this application" and "engaging in ...conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to ...invalidate the results of my examination ...to revoke a certificate, or to take other appropriate action."

In addition, the policies regarding taking Step 1 and Step 2 of the USMLE as outlined in the ECFMG Information Booklet, which he certified he had read and understood, include the statement "If one Step is passed, applicants may not repeat that Step and will have seven years to pass the other Step." The applicant, however, took and passed Step 1 in September 1993 and, due to the falsified application form, took it again in September 1994.

After this matter was discovered by ECFMG, on June 22, 1995, ECFMG wrote to Dr. Charles to request an explanation for his actions. In response, he sent ECFMG a letter, dated July 14, 1995, in which he stated he wished to retake the examinations in order to improve his scores and be more competitive in his applications for residency programs. Consequently, he "lied" but, he states, did not deliberately change his date of birth and that he thought the date given initially had been the incorrect one in his school files. In addition, depending on the documents he has, the order of his names varies.

The examinations, dates and scores for examinations taken are as follows:

ECFMG #0-482-700-2

ECFMG #0-519-573-0

| DATE | EXAM | SCORE | DATE | EXAM | SCORE |
|------------|--------------|-----------|------------|--------------|-----------|
| July 1992 | Day 1 FMGEMS | 69 (Fail) | | | |
| | Day 2 FMGEMS | 72 (Fail) | | | |
| | English test | Pass | | | |
| Sept. 1992 | Step 1 | 70 (Fail) | | | |
| Jan. 1993 | Day 1 FMGEMS | 74 (Fail) | | | |
| | Day 2 FMGEMS | 75 (Pass) | | | |
| | English test | Pass | | | |
| July 1993 | Day 1 FMGEMS | 76 (Pass) | | | |
| Sept. 1993 | Step 1 | 76 (Pass) | | | |
| | | | Aug. 1994 | Step 2 | 76 (Pass) |
| | | | Sept. 1994 | Step 1 | 78 (Pass) |
| | | | Sept. 1994 | English test | Pass |

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After its review at the November 27, 1995 meeting, the ECFMG Committee on Medical Education Credentials took the following actions:

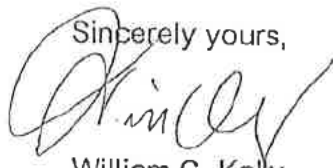
- Invalidate the Standard ECFMG Certificate issued to Dr. Charles under the second identification number 0-519-573-0;
- Inform the United States Medical Licensing Examination (USMLE) Committee on Irregular Behavior of this matter for its information and possible action; and
- Revoke the Standard ECFMG Certificate issued to Dr. Charles under the first identification number 0-482-700-2.

For information, I am enclosing copies of the following items:

1. Application to ECFMG received April 6, 1992.
2. Application to ECFMG received March 30, 1994.
3. ECFMG letter to Dr. Charles dated June 22, 1995.
4. Dr. Charles' July 14, 1995 letter to ECFMG.
5. ECFMG letter to Dr. Charles dated December 7, 1995.

Please inform Marie L. Shafron or me of the disposition of this matter. If you need additional information, please let me know.

Sincerely yours,



William C. Kelly
Manager, Medical Education
Credential Processing

/wck
Enclosures

PLEASE DO NOT DETACH**Foreign Medical Graduate Examination in the Medical Sciences and the ECFMG English Test****PART A**

NOTE: All items on all sides of the application must be filled out completely for initial and repeat examinations or application will not be accepted.
Use typewriter or block print in ink.

| | |
|---|---|
| ① EXAMINATION HISTORY: | Have you previously applied to take one or more of the examinations administered by ECFMG? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you have been assigned an ECFMG Applicant Number, enter the number in this box. 482-700 |
| ② NAME: Print your name as you want it to appear on the Standard ECFMG Certificate | OLIVIA FEMIL CHARLES First Name Middle Name IGBERASE Last Name (Surname) Full Maiden Name (For married women only) |
| ②.1 If you have previously applied to ECFMG under another name, provide that name | Previous Name Please include a copy of the legal document that verifies this name change. |
| ③ ADDRESS: Use address to which admission permit and other notification from ECFMG should be sent | 9701 EVENING PRIMROSE DRIVE Number/Street 2D Apartment Number Post Office Box Number LAURIE L City MARYLAND 20723 State/Country Zip or Postal Code |
| ④ SOCIAL SECURITY NUMBER: | If you have a United States Social Security Number, enter the number in this box. 5054 |
| ⑤ STATUS OF MEDICAL SCHOOL STUDENT: Must be completed by students | If you are applying for Day 1, will you have completed two years of medical school by the date of that examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying for Day 2, will you have completed or be within 12 months of completion of the formal didactic curriculum at your medical school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⑥ EXAMINATION REGISTRATION: Check <input type="checkbox"/> box(es) to indicate the component(s) for which you are applying | Examination Date (Month/Year) JULY 1992 <input checked="" type="checkbox"/> Basic Medical Science Component (Day 1) <input checked="" type="checkbox"/> Clinical Science Component and ECFMG English Test (Day 2) <input type="checkbox"/> ECFMG English Test (administered on second day only) |
| ⑥.1 EXAMINATION CENTER: See ECFMG Information Booklet for list of centers | If you do not indicate a second choice of center and the first choice is not available, ECFMG reserves the right to assign a center. Select two: 1st Choice BALTIMORE 300 City Center No. 2nd Choice WASHINGTON, DC 350 City Center No. |
| ⑦ EXAMINATION FEE(S): Enter the amount enclosed on the line provided | Fees must be paid in United States funds. Checks, bank drafts or money orders are to be made payable to the ECFMG. Do not send cash. Basic Medical Science Component (Day 1 only) \$265 Clinical Science Component and ECFMG English Test (Day 2 only) \$265 Basic Medical Science Component, Clinical Science Component and ECFMG English Test (Day 1 and Day 2) \$425 ECFMG English Test only \$ 25 Enter amount enclosed \$ |

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ECFMG

PART B

| 8 SECONDARY SCHOOL COLLEGE/ UNIVERSITY: | Schools Attended | Location (exact address) | Dates Attended (month and year) | No. School Years |
|---|-------------------------------|--------------------------|---------------------------------|------------------|
| | IMMACULATE CONCEPTION COLLEGE | BENIN CITY NIGERIA | JUNE 1974 SEPT 1979 | 5 |

| 9 MEDICAL SCHOOL: Use precise name and list all schools attended 690-010 | Schools Attended | Location (exact address) | Dates Attended (month and year) | No. School Years |
|--|--|--------------------------|---------------------------------|------------------|
| | UNIVERSITY OF IBADAN COLLEGE OF MEDICINE | IBADAN NIGERIA | JUNE 1982 JUNE 1987 | 5 |

| 9.1 CLINICAL CLERKSHIPS: Refers to that period of medical education in the clinical disciplines during which as a medical student you gained practical experience in hospitals or clinics. List clerkships (rotations, pre-graduate internships) for each clinical discipline. | Clinical Discipline | Hospital/Clinic | Location (exact address) | Supervising Physician | Dates of Clerkship |
|--|---------------------|--------------------------------|--------------------------|-----------------------|------------------------|
| | MEDICINE | SPECIALIST HOSPITAL BENIN CITY | NIGERIA | DR OGWUKA | MAR 1988 JUNE 1988 |
| | SURGERY | | | MR IDIAKHOA | SEPT 1988 DEC 1988 |
| | PAEDIATRICS | | | DR ASENOTA | DEC 1987 MAR 1988 |
| | OBSTETRICS | | | DR ODEGBA | JUNE 1988 SEPT 1988 |
| | GYNAECOLOGY | | | | |

If additional lines are necessary use the reverse side of Part C.

| 9.2 MEDICAL DEGREE: Conferred or Expected | Title of Degree | Date Conferred /Expected: |
|--|-----------------|---------------------------|
| | MBBS | 1987 |

| 10 MEDICAL LICENSURE: Present or Future | Date you received (or expect to receive) an unrestricted license or certificate of full registration to practice medicine: | Country or state in which you are licensed: |
|--|--|---|
| | YES | NIGERIA |

| 11 HOSPITAL TRAINING: Residency or fellowship | Hospitals | Position(s) | Dates |
|--|-----------|-------------|-------|
| | | | |

| 11.1 EMPLOYMENT: Present employment only | Institution/Company | Position | Dates |
|---|--|--------------|----------------|
| | Name: MARY LAND MED. LABORATORY Street: 1901 Sulphur spring Road, Box 18290 City/State/Country: Baltimore MD 21227 | Phlebotomist | 1992 - present |

| 12 BIRTHDATE/ BIRTHPLACE: | Day/Month/Year: | Location: |
|---------------------------|-----------------|-------------------------|
| | 17-4-62 | ILE-IFE, OSHUN, NIGERIA |

| 13 SEX: | Please check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | 14 NATIVE LANGUAGE: |
|---------|--|---------------------|
| | | YORUBA |

| 15 CITIZENSHIP: | (Complete all three) |
|-----------------|--|
| | A. AT BIRTH <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) NIGERIAN 05% B. UPON ENTERING MEDICAL SCHOOL <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) NIGERIAN C. NOW <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) NIGERIAN |

PART C

Students and graduates must sign the application in the presence of their Med. School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See B.1 below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.



Seal, stamp or signature of official must cover a portion of the attached photograph.

16 CERTIFICATION BY APPLICANT

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the ECFMG Information Booklet for FMGEMS and am aware of its contents.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

(Must be completed in English)

Signature of Applicant X *I. Gerase* W

A. I hereby certify that the photograph, signature, and information entered on this form accurately apply to the individual named above.

X _____
Signature of Medical School Official

16.1 CERTIFICATION BY MEDICAL SCHOOL OFFICIAL

OR

NOTARIZATION WITH EXPLANATION (Pertains to graduates only)

| | | |
|--|-----------------------------|-------------|
| Official Title | Date | Institution |
| B. Subscribed and sworn to before me this <u>31</u> day of <u>March</u> , 19 <u>92</u> | | |
| <u><i>Amelia R. Kishner</i></u> | <u><i>Notary Public</i></u> | |
| Signature of Consular Official, First Class Magistrate, Notary Public | Official Title | |

B.1 Explain below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar. Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

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4/1/92

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NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires September 8, 1994

4820700

17 Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

☐ Yes

☐ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

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ECFMG_RUSS_0000157

TO BE USED AS CONTINUATION OF SECTION 9.1 IN PART B

11/13/19

ECFMG-000158

ECFMG_RUSS_0000158

PLEASE DO NOT DETACH

STEP 1 AND/OR STEP 2 EXAMINATIONS

ADMINISTERED TO STUDENTS/GRADUATES OF FOREIGN MEDICAL SCHOOLS
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES, 3624 MARKET STREET, PHILADELPHIA
PHONE: 215 386-5900 CABLE: EDCOUNCIL, PHA

PART A

NOTE: All items on all sides of the application must be filled out completely for initial and repeat examination.
Use typewriter or block print in ink.



| | | | | | | | | |
|--|---|--|--|--|-------------------------------------|---|--------------------|--|
| ① ECFMG EXAMINATION HISTORY: | Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, place your USMLE Identification Number (ECFMG Applicant Number) in this box: | | | | | | | |
| ② NAME: Print your name as you want it to appear on the Standard ECFMG Certificate and on your official USMLE record | 101 I G B E R A S E O L U W A F E M I First Name Middle Name C H A R L E S Last Name (Surname) Full Maiden Name (For married women only) | | | | | | | |
| ② If you have previously applied to ECFMG under another name, provide that name | N/A Previous Name Please include a copy of the legal document that verifies this name change. | | | | | | | |
| ③ ADDRESS: Use address to which admission permit and other notification from ECFMG should be sent | Number/Street Apartment Number City State/Country Post Office Box Number Zip or Postal Code | | | | | | | |
| ④ U. S. SOCIAL SECURITY AND/OR CANADIAN SOCIAL INSURANCE NUMBERS: | Enter numbers in boxes provided U.S. Social Security Number Canadian Social Insurance Number | | | | | | | |
| ⑤ REGISTRATION: Check <input checked="" type="checkbox"/> box(es) of selected examinations | <table border="1"> <tr> <td>Step 1</td> <td>June 8 - 9, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> September 22 - 23, 1994</td> </tr> <tr> <td>Step 2</td> <td>March 30 - 31, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> August 31 - September 1, 1994</td> </tr> <tr> <td>ECFMG English Test</td> <td>March 31, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> September 1, 1994</td> </tr> </table> | | Step 1 | June 8 - 9, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> September 22 - 23, 1994 | Step 2 | March 30 - 31, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> August 31 - September 1, 1994 | ECFMG English Test | March 31, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> September 1, 1994 |
| Step 1 | June 8 - 9, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> September 22 - 23, 1994 | | | | | | | |
| Step 2 | March 30 - 31, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> August 31 - September 1, 1994 | | | | | | | |
| ECFMG English Test | March 31, 1994 <input type="checkbox"/> or <input checked="" type="checkbox"/> September 1, 1994 | | | | | | | |
| ⑤ TEST CENTER: Select three ECFMG centers for each Step and/or ECFMG English Test. See the Information Booklet in which this application was enclosed for a list of ECFMG centers | If your center selections are not available, ECFMG reserves the right to assign a center. Step 1: (1) RICHMOND (182) City Center No. (2) Baltimore 300 City Center No. (3) _____ City Center No. Step 2 and/or ECFMG English Test: (1) Richmond (182) City Center No. (2) Baltimore 300 City Center No. (3) _____ City Center No. | | | | | | | |
| ⑥ EXAMINATION FEE(S): Enter the amount enclosed on the line provided | Fees must be paid in United States funds. Checks, bank drafts or money orders are to be made payable to the ECFMG. Do not send cash. <table border="1"> <tr> <td>Step 1 Basic Medical Science Examination</td> <td>\$400</td> </tr> <tr> <td>Step 2 Clinical Science Examination</td> <td>\$400</td> </tr> <tr> <td>ECFMG English Test</td> <td>\$30</td> </tr> </table> Enter amount enclosed \$ | | Step 1 Basic Medical Science Examination | \$400 | Step 2 Clinical Science Examination | \$400 | ECFMG English Test | \$30 |
| Step 1 Basic Medical Science Examination | \$400 | | | | | | | |
| Step 2 Clinical Science Examination | \$400 | | | | | | | |
| ECFMG English Test | \$30 | | | | | | | |
| ⑦ HANDEDNESS: | <input checked="" type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed | | | | | | | |

APPLICATION FORM 1040, August, 1993

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ECFMG_RUSS_0000151

PART B

| | | | | | |
|---|---|--------------------------|---------------------------------------|-----------------------|--|
| ⑧ SECONDARY SCHOOL COLLEGE/ UNIVERSITY: | Schools Attended | Location (exact address) | Dates Attended | | No. School Years |
| | Immaculate Conception College | Benin City, Nigeria | From MO. YR. 06 74 | To MO. YR. 06 79 | |
| ⑨ MEDICAL SCHOOL: Use precise name and list all schools attended 690-010 | Schools Attended | Location (exact address) | Dates Attended | | No. School Years |
| | University of Ibadan | Ibadan, Nigeria | From MO. YR. 06 82 | To MO. YR. 06 87 | |
| ⑨① CLINICAL CLERKSHIPS: Refers to that period of medical education in the clinical disciplines during which as a medical student you gained practical experience in hospitals or clinics. List clerkships (rotations, pre-graduate internships) for each clinical discipline. | Clinical Discipline | Hospital/Clinic | Location (exact address) | Supervising Physician | Dates of Clerkship |
| | MEDICINE | SPECIALIST HOSP. | BENIN CITY | DR. Oshuruk | 1988 |
| | SURGERY | | | DR. Idiakhon | 1988 |
| | OB/GYN | | | DR. Iyindor | 1988 |
| | PEDIATRICS | | | DR. ASEMOTA | 1987 |
| If additional lines are necessary use the reverse side of Part C. | | | | | |
| ⑨② MEDICAL DEGREE: Conferred or Expected | Title of Degree MBBS | | Date Conferred/Expected: 06 87 | | |
| * If the degree has been conferred, a photocopy should be sent to ECFMG. See Medical Education Credentials Section of the ECFMG Information Booklet. | | | | | |
| ⑩ MEDICAL LICENSURE: Present or Future | Date you received (or expect to receive) an unrestricted license or certificate of full registration to practice medicine: 1988 | | | | |
| Country or state in which you are licensed: NIGERIA | | | | | |
| * If the license has been issued, a photocopy should be sent to ECFMG. See Medical Education Credentials Section of the ECFMG Information Booklet. | | | | | |
| ⑪ HOSPITAL TRAINING: Residency or fellowship | Hospitals | | Position(s) | | Dates |
| | N/A | | | | |
| ⑫ EMPLOYMENT: Present employment only | Institution/Company | | Position | | Dates |
| | Name: | | | | |
| | Street: | | | | |
| | City/State/Country: | | | | |
| ⑬ BIRTHDATE/ BIRTHPLACE: | Day 07 Month 04 Year 01 Location: 11E IFE OYO NIGERIA | | | | |
| City, Province, Country | | | | | |
| ⑭ GENDER: | Please check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | ⑮ NATIVE LANGUAGE: YORUBA | | |
| ⑯ CITIZENSHIP: | (Complete all three) | | | | |
| | A. AT BIRTH | | USA <input type="checkbox"/> | | Other <input checked="" type="checkbox"/> (Specify) NIGERIAN |
| | B. UPON ENTERING MEDICAL SCHOOL | | USA <input type="checkbox"/> | | Other <input checked="" type="checkbox"/> (Specify) NIGERIAN |
| | C. NOW | | USA <input type="checkbox"/> | | Other <input checked="" type="checkbox"/> (Specify) NIGERIAN |
| ⑰ OTHER EXAMINATION HISTORY AND APPLICANT NUMBERS: Indicate the organizations to which you may have applied previously; enter the date of the most recent examination that was administered to you by that organization as | ORGANIZATION | | DATE OF MOST RECENT EXAMINATION TAKEN | | APPLICANT IDENTIFICATION NUMBER |
| | <input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS | | MO. YR. | | |
| | <input type="checkbox"/> STATE LICENSING AUTHORITY IN THE UNITED STATES | | MO. YR. | | |
| | | | | | |

Students and graduates must sign the application in the presence of their medical School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See R 1 below.)



NUMBERS:
Indicate the organizations to which you may have applied previously; enter the date of the most recent examination that was administered to you by that organization as

☐ STATE LICENSING AUTHORITY
IN THE UNITED STATES

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YR.

Students and graduates must sign the application in the presence of their Medical School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See B.1 below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.



Seal, stamp or signature of official must cover a portion of the attached photograph.

18 CERTIFICATION BY APPLICANT

(Must be completed in English)

I hereby certify that the information in this application is true and accurate to the best of my knowledge and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the Information Booklet on USMLE Step 1 and Step 2 examinations and ECFMG Certification, am aware of its contents and meet the eligibility requirements set therein.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

Signature of Applicant (In Latin Characters)

Charles Eberne Obifemi

Date *03/26/94*

A. I hereby certify that the photograph, signature, and information entered on Section 9 of this form accurately apply to the individual named above.

X

Signature of Medical School Official

Official Title

Date

Institution

B. Subscribed and sworn to before me this *26th* day of *March*, 19 *94*

X *Jack L. Katz* **NOTARY PUBLIC STATE OF MARYLAND**
Signature of Consular Official, First Class Magistrate, Notary Public My Commission Expires *June 1, 1997*

B.1 Explain in the space below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar. Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

Due to the fact that I reside in the United States as at time of filling this application

519 1573

| FOR OFFICE USE ONLY | |
|---------------------|-------------------------------------|
| FORM | DATE |
| S.A. | |
| I.D. | |
| 338 | |
| 339 | |
| 325 | <input checked="" type="checkbox"/> |

19 Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

☐ Yes

☒ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

20 Provision of the following information is voluntary. The information will be used for research purposes only. You are encouraged to provide the information; however, the processing of your application will not be affected if you choose to leave item 20 blank.

Select the one which best describes your racial/ethnic background.

1 ☐ American Indian/
Alaskan Native

2 ☐ Asian
Pacific Islander

3 ☐ Hispanic

4 ☒ Black (not of
Hispanic Origin)

5 ☐ White (not of
Hispanic Origin)

6 ☐ Other

ECFMG-000153

For Continuation of 6.1 Clinical Clerkships

| Officer Identification | Hospital/Clinic | Location (SWD, address) | Supervising Physician | Dates of Clerkship |
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EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

June 22, 1995

Dr. Charles Olufemi Igberase
P.O. Box 1653
Hyattsville, MD 20788

USMLE/ECFMG Identification No.
0-482-700-2

COPY

Dear Doctor:

When you applied for admission to ECFMG's administrations of the September 1994 Step 1, August/September 1994 Step 2 and September 1994 ECFMG English test, you responded "No" to the question "Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG." You also stated your name as "Igberase Oluwafemi Charles" and your date of birth as April 17, 1961. You certified that this information, as well as the other information on your application "is true and accurate to the best of my knowledge ..." and you swore to this in the presence of a Notary Public.

You were assigned USMLE/ECFMG Identification Number 0-519-573-0 and took the Step 1, Step 2 and ECFMG English test. You submitted copies of your medical education credentials, which were verified by ECFMG with an official of your medical school. A Standard ECFMG Certificate was subsequently issued to you under the name Igberase Oluwafemi Charles with the number 0-519-573-0.

A check of ECFMG records shows that, despite what you certified to on the application referred to above, you had applied for and taken examinations administered by ECFMG prior to your application for the 1994 examinations. You first applied to ECFMG for the July 1992 administration of FMGEMS and the ECFMG English test under the name "Oluwafemi Charles Igberase" and certified that your date of birth was April 17, 1962. You failed both the basic medical science (Day 1) and clinical science (Day 2) components of the July 1992 FMGEMS and passed the ECFMG English test.

You subsequently applied for and took the January 1993 administration of FMGEMS and the ECFMG English test, failing Day 1, but passing Day 2 and the English test. You then applied for and took the July 1993 administration of Day 1 of FMGEMS which you passed. Since, at that time, you had also met the medical education credential requirements for ECFMG certification, you were issued Standard ECFMG Certificate Number 0-482-700-2.

You also applied for and took the September 1992 and September 1993 administrations of Step 1, failing the September 1992 examination, but passing the examination held in September 1993.

Dr. Igberase Oluwafemi Charles
June 22, 1995
Page 2

When you applied to ECFMG, you certified on your application form that, among other items, "falsification of this application" and "engaging in ...conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to ...invalidate the results of my examination ...to revoke a certificate, or to take other appropriate action."

In addition, the policies regarding taking Step 1 and Step 2 of the USMLE as outlined in the ECFMG Information Booklet, which you certified you had read and understood, include the statement "If one Step is passed, applicants may not repeat that Step and will have seven years to pass the other Step." You, however, took and passed Step 1 in September 1993 and again in September 1994.

ECFMG is conducting an investigation of this matter. You must write to ECFMG immediately to explain why you certified on your application form that you had not previously applied for an ECFMG examination when, in fact you had, and also to explain why you repeated Step 1 when the policy states applicants who pass the Step may not repeat it. Your letter must be received by ECFMG within 15 days of your receipt of this letter.

Your explanation, together with the documents in your file, will be reviewed by the ECFMG Committee on Medical Education Credentials at a future meeting. After its review, the Committee will make a recommendation to the ECFMG Board of Trustees.

Your response must be sent to the following special address:

ECFMG
P.O. Box 13467
Philadelphia, PA 19101-3467

Sincerely yours,

William C. Kelly
Manager, Medical Education
Credential Processing

/wck

Page one
RECEIVED
CREDENTIALS DEPT

JUL 20 1995

USMLE / ECFMG # 0-482-700-2

ECFMG

July 14th 1995

P.O. Box 1653

Hyattsville md 20788

Mr William C. Kelly
Manager, Medical Education
Credential processing
ECFMG

Dear Sir

I hereby with the following explanations explain the reasons for my repeating the ECFMG examinations.

When I came into the US, I was very hard up financially, no good books and I was very emotionally troubled.

It was at this same period I was attempting the ECFMG examinations.

I had a very difficult time passing these tests as you can see in my records.

I finally managed to pass, but of all the over 150 residency applications that I sent to various institutions, no Hospital considered my results and the number of attempts competitive enough.

I tried again one year later and it

Page two

Came down to the same result.

This again gave me a lot of depression especially since my family were still in Nigeria and I had no means of looking after them.

As a result of these, I explained to my friends who felt I should take the tests over again to improve on my scores despite my difficult position.

They suggested that since I had already been issued one ECFMG Certificate, I could not possibly use that same number again to sit for new tests.

For this reason, I LIED that I had not taken the test before when I was filling out the forms.

I did not deliberately change my date of birth (DOB) on the forms.

The initial mistake was made by my school when they recorded my DOB as 04/17/61.

I wrote a letter to inform them about the mistake and that my actual DOB was 04/17/62.

As at the time I was filling out

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the latest form, I had not received back from my school a reply for the change.

I did not realise at this time that the previous form I filled had my corrected DOB on it. So, I used my DOB that was in my school file since I had not received a change from my school.

I attached here-with a photocopy of my Birth Certificate.

I am willing to pay for the verification of the 04/17/61 DOB with my school and the fact that I have written a letter to them for a change/correction at the same period that I filled out the first ECFMG application forms.

As for the arrangement of my name. This is an on-going feud among the family members.

It usually depended on who registers me for what examinations - my father, my mother or my uncle.

This accounts for the variations

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as represented in my Birth Certificate, medical School Certificate, Permanent medical Council Certificate and my first Leaving School certificate.

The name is actually a Compound Last name IGBERASE-CHARLES.

I have decided for future records to use the name as it appears on my Birth Certificate and passport (Nigerian Passport)

i.e. IGBERASE OLUWAFEMI CHARLES

I always thought that so long as all the names were represented, there was no problems.

Having said all these, I must say how deeply sorry and remorseful I am for allowing myself to be involved in such a despicable act of shame.

I took this step out of pain and anguish and as a desperate move to helping my family — I am the breadwinner of both my immediate and extended family, my parents are very aged and my children are very very young.

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I therefore plead fervently with
the committee members who are
going to review my case to ~~be~~
temper justice with mercy
God bless you all.

Sincerely

Igberase Oluwafemi Charles
0-519-573-0

RECEIVED
JUL 11 2019

ECFMG

Chunuel
 Executive Officer
 IFE CENTRAL LOCAL
 GOVERNMENT, IFE
 13th Sept 1973



A01948

OSUN STATE OF NIGERIA.

CERTIFICATE OF REGISTRATION OF BIRTH

I, Mrs. Terefe Fatunwase Registrar
 of Births in Ife Central Local Government

in Ife-Ife Division of Osun State
 of Nigeria do hereby certify that I have this 14th day

of September 1993 registered, in folio
 number 1478 of Birth Register

The birth of Iyberase Shudafem Charles

Male / ~~Female~~, born at Ife-Ife

on 12th day of April 1962

the child of Mrs. Iyberase David
 (Father's Name)

and Mrs. Iyberase Foyeke both
Ife-Ife
 (Mother's Name)

14/9 1993

Chunuel
 Signature of Registrar



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

Via Certified Mail
Return Receipt Requested

December 7, 1995

COPY

Dr. Igberase Oluwafemi Charles
P.O. Box 1653
Hyattsville, MD 20788

USMLE/ECFMG Identification No.
0-482-700-2

Dear Doctor:

On November 27, 1995 the ECFMG Committee on Medical Education Credentials met to review the matter with respect to your falsification of an application form submitted to ECFMG. The Committee reviewed the documentation available, including your July 14, 1995 letter.

Following review the Committee took the following actions:

1. To invalidate the Standard ECFMG Certificate issued to you under the second identification number 0-519-573-0;
2. To inform the United States Medical Licensing Examination (USMLE) Committee on Irregular Behavior of this matter for its information and possible action; and
3. To revoke the Standard ECFMG Certificate issued to you under the first identification number 0-482-700-2.

Please return the two Standard ECFMG Certificates to my attention immediately. I suggest you send them by certified mail.

Enclosed is a copy of the ECFMG Rules of Appellate Procedure.

Sincerely yours,

William C. Kelly
Manager, Medical Education
Credential Processing

/wck
Enclosure